

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: _____

Other Civil

_____,
Petitioner

vs.

Affidavit of ServiceCommissioner of Public Safety,
RespondentSTATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where *Affidavit* signed)

I, _____, state that I am at least 18 years of age

(Name of person who mailed documents)

having been born on _____, and that on _____
(Date) (Date)

I served the attached documents: Petition for Court Hearing for Reinstatement of Driver's License upon the Commissioner of Public Safety, the respondent in this action, by mailing a true and correct copy of the documents by first class U.S. mail addressed as follows:

Minnesota Attorney General
Commissioner of Public Safety
445 Minnesota Street, Suite 1800
St. Paul, MN 55101

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Dated: _____

Signature

Name: _____

Address _____

City/State/Zip: _____

Telephone: () _____

E-mail address: _____